



**State of Rhode Island and Providence Plantations  
Department of State - Business Services Division**

148 W. River Street, Providence, Rhode Island 02904-2615  
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**Limited Liability Company Annual Report for the year: 2015**

Filing period: September 1 - November 1

Filing Fee: \$50.00 \*FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

|   |       |   |                |                    |       |
|---|-------|---|----------------|--------------------|-------|
| 1. Entity ID Number   |       | 2. Exact name of the Limited Liability Company                              |                |                    |       |
| 943918  |       | Innistrree Farm, LLC  |                |                    |       |
| 3. State of Formation   |       | 4. Brief description of the character of business conducted in Rhode Island |                |                    |       |
| RI  |       | real estate   |                |                    |       |
| 5. Principal Office Address   |       |   | City           | State              | Zip   |
| 2918 East Main Rd.  |       |   | Portsmouth     | RI                 | 02871 |
| 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person   |       |   |                |                    |       |
| Contact Name  |       |   | Contact Title  |                    |       |
| Ralph M. Cluskey  |       |   | MA             |                    |       |
| Street Address  |       |   | City           | State              | Zip   |
| Same as above   |       |   |                |                    |       |
| 7. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS  |       |   |                |                    |       |
| Manager Name  |       |   | Manager Name   |                    |       |
| Street Address  |       |   | Street Address |                    |       |
| City  | State | Zip   | City           | State              | Zip   |
|   |       |   |                |                    |       |
| Manager Name  |       |   | Manager Name   |                    |       |
| Street Address  |       |   | Street Address |                    |       |
| City  | State | Zip   | City           | State              | Zip   |
|   |       |   |                |                    |       |
| Check the box to indicate an attachment <input type="checkbox"/>  |       |   |                |                    |       |
| 8. Resident Agent in Rhode Island This information is currently of record in the Department of State. Changes require filing Form 642.  |       |   |                |                    |       |
| <b>Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.</b> |       |   |                |                    |       |
| Name of Authorized Person   |       |   |                | Date               |       |
| Ralph M. Cluskey  |       |   |                | 4/26/16            |       |
| Signature of Authorized Person  |       |   |                | SIGN DOCUMENT HERE |       |
| Ralph M. Cluskey  |       |   |                |                    |       |

**FILED**

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